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ABSTRACT

This guide is designed to assist Head Start personnel in effectively approaching communication problems of children. The sections of the guide are as follows: (1) Introduction, (2) Development of Speech and Language (Normal Development of Speech and Language; Factors; Influencing Speech and Language Development), (3) Goals of the Speech, Language, and Hearing Program (Speech and Language Development Services; Clinical Services; Parent Counseling), (4) Speech and Language Development Services (Specific Teaching Goals; Geographical and Social Considerations), (5) Counseling Parents and Teachers (How Adults Can Stimulate Normal Speech and Language Development; How Adults Can Help Children with Speech, Language, and Hearing Handicaps), and (6) Clinical Speech, Language, and Hearing Services (Clinical Speech and Language Services; Clinical Hearing Services). (DB)

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speech, language, and hearing program

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A GUIDE FOR HEAD START PERSONNEL

Project **HEAD START**

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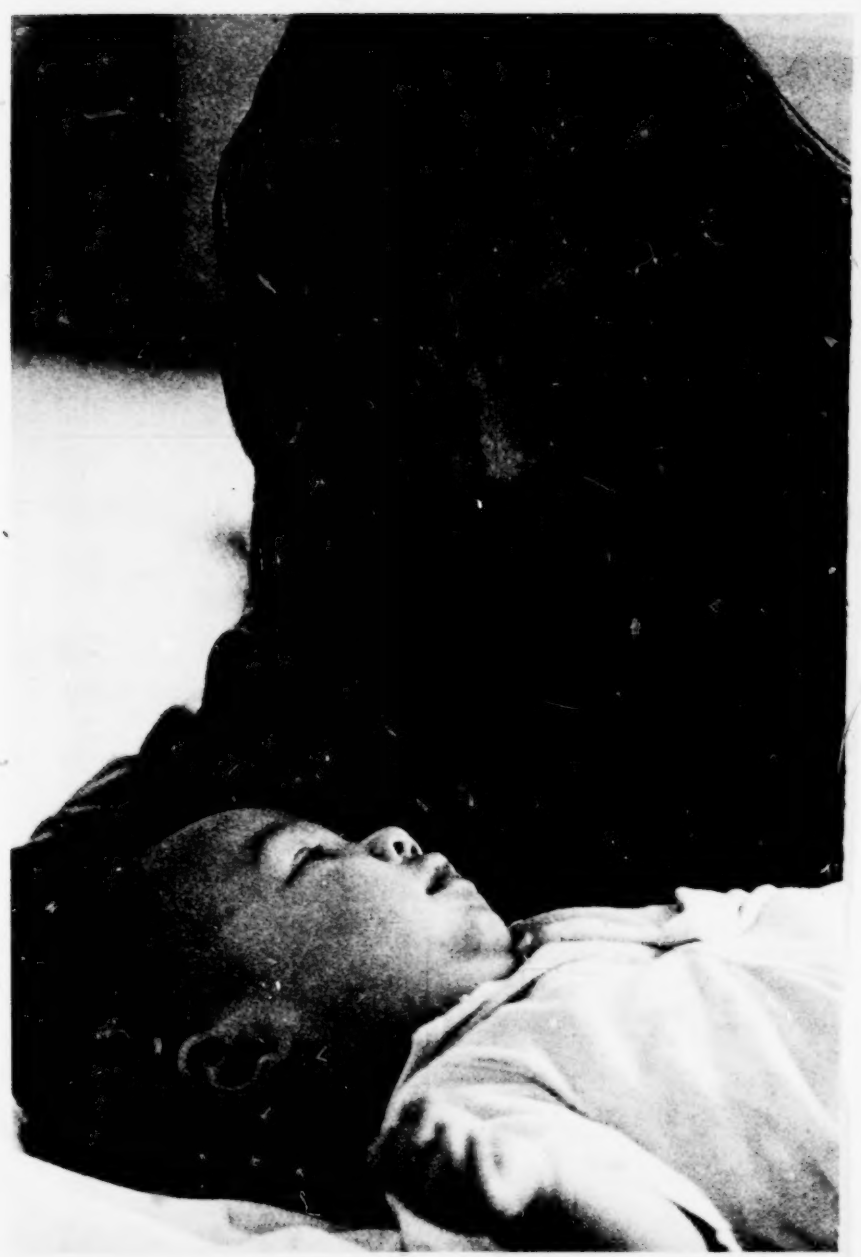

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INTRODUCTION

Learning to communicate is one of the most important accomplishments of early childhood. In a society which places a high value on communication, the learning of speech and language skills by children is essential. A child's success in school depends primarily on his ability to receive information from hearing others talk, from reading, and from his ability to express his thoughts and ideas in words. These skills, if well developed, prepare the child for fuller adult participation in our communication-oriented society.

For a variety of reasons, children sometimes have trouble learning communication skills. Physical handicaps such as hearing loss may interfere with the language learning process. In homes where foreign languages are spoken, English must be learned as a second language after children enter school. Some are born into communities where the language dialect is so different from that of the schools that often they must learn a second dialect in order to have success in the classroom. Physical and environmental conditions that prevent the fullest development of communication skills require that special speech, language, and hearing programs be introduced. The best time to start such programs is in the early preschool years so that the child's maximum potential for a full, productive life can be assured. The Head Start program provides a unique opportunity for an early and effective approach to communication problems.

DEVELOPMENT OF SPEECH AND LANGUAGE

A. Normal Development of Speech and Language

Speech and language learning begins in infancy, before the baby knows the meaning of the sounds of the mother's voice. The babbling sounds of a six-month-old child must be encouraged and reinforced by parents. As the child learns to speak simple syllables, parents begin to attach

meaning and significance to them, rewarding the child with smiles, hugs, and other signs of approval. Soon, the child will use these "words" to express his needs.

As vocabulary develops, a child's experiences and observations increase. Each new word names something for him to notice and explore. His first vocabulary will include the names of people, objects, actions, and qualities he sees in the world around him. He will learn these words, however, only if they are presented to him in a way that makes meaning obvious. Each new word directs his attention to other parts of his world and widens his area of observation. The knowledge of new words and their meanings adds to his mental development. Vocabulary and the conceptual growth which it often symbolizes continue to develop throughout his lifetime.

The combining of words into simple sentences begins while the child still has a relatively small vocabulary. The earliest word combinations may not be complete sentences, but they can be expanded into meaningful sentences by adults. As the child hears his words repeated, he learns the basic rules about sentences. The intuitive learning of these rule patterns increases his ability to think, reason, and speak. The child experiences sharper distinctions and degrees of difference between events and observations when he has the language skill to express these distinctions.

By the time a child enters the first grade, he should be able to handle spoken language well enough to follow instructions, understand a detailed story, receive information, and use simple reasoning. He should also be able to express himself well enough to ask questions, give information, make his needs known, tell stories and events in proper order, describe scenes, choose, guess, and pretend. In short, he should be a verbal child, using speech and language to satisfy a variety of needs.

Early childhood programs can provide three- to five-year-old children with many opportunities for learning and using communication skills. At this very young age, children can learn to listen to a teacher's voice and to separate it from the background of noisy classroom activity. Children can come to know that the teacher's speech is a

source of interesting information. They can learn to understand the teacher whether she is speaking to them individually or as a group, whether she is close to them or talking from across the room.

A child needs to learn how to ask questions and to realize when he needs information. Some children in the Head Start age group may not yet have learned sentence construction well enough to know how to ask a question. They need to hear many questions and answers before they can understand the purpose and value of questions and how to construct them. Once they have this ability, curiosity about their world may be stimulated.

Young children can learn when to talk and when to listen. It is not easy to take turns when every child has something to say; nevertheless, children can learn that they are able to gain information from the conversation of others even when they do not participate in it themselves.

Children should learn how to carry on an extended conversation, as well as short one-question/one-answer conversations, and that one reply may lead to another reply between two persons. They should learn to follow a discussion which changes from moment to moment.

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A child also learns that his talk causes feelings and ideas in his listeners and that they will respond to what he says. He can make others laugh or cry or get angry. He learns that his speech can control his environment to some extent, and this is a powerful, ego-building discovery. He learns to talk to a group of his friends, not just one at a time but all together. He learns to control his thinking and his flow of words even when all eyes are on him. Learning that others are interested and responsive to what he says helps the child build a good image of himself.

Language learning is a creative act of children, and is not just the result of formal classroom teaching. The teacher's task is to create an environment in which a child will take an active role in building his own language skills. The teacher must know the steps or stages through which language normally develops. She must also know the language stages of the individual children in her class and take care not to talk above or below their ability to understand. She must know when to introduce new words and new grammatical constructions and how to make them immediately useful and meaningful. The informed, sensitive teacher sets a language environment in which the child can most efficiently develop his natural tendency to learn to communicate.

B. Factors Influencing Speech and Language Development

Language learning does not proceed in the same way for all children. Disruptive influences, both external and internal, may delay or interfere with the learning process, and many children enter first grade poorly equipped to deal with the verbal demands of the schools.

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1. INFLUENCE OF ENVIRONMENTAL CONDITIONS. Of great importance in language development are the speech models from which the child learns. Children tend to imitate the pronunciation, vocabulary, and grammatical rules of whatever speech models are presented to them in their very early language-learning years. If, for example, the language models contain highly complex grammatical structures, the child's language will follow the same pattern. If the models contain overly simple grammatical rules, then the child will follow this pattern. The child must have examples from which to learn. If the child is not talked to, read to, listened to, corrected, and understood during the period of normal language learning, his language development may be very limited. In extreme cases, children may withdraw and become verbally silent.

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Every language community or geographical area has certain differences from so-called standard speech in pronunciation, vocabulary, and grammar. The language of any community or specific cultural group is adequate for communication within the social, psychological, and domestic life of its members, but when this language group has to communicate with people outside its own circle, communication may be impeded. Pronunciation differences affecting vowels, consonant combinations, and intonation patterns often make it difficult, initially, for an outsider to understand. Vocabulary differences are also significant. Some words common to all dialect groups have different meanings from one dialect to the next. For example, *bad* as used by speakers of Black English, at times, connotes *good* or *special*. This meaning is the opposite of the word *bad* in standard English where *bad* means *no good* or *distasteful*. Another example is *rap* used by Black English speakers to mean *to talk at length* or *to*

discuss in depth. Rap in standard English means *to knock* or *to tap lightly.*

Grammatical rules for the use of negatives, supplementary verbs, pronouns, possessives, plurals, etc., may also be different in different cultural groups. These rules may be consistent and logical within the language system of the dialect itself, yet may be judged as "nonstandard" and "incorrect" by an outside listener.

Not all children develop communication skills in the same way. Some children are exposed to adult conversations mainly involving lengthy discussions of topics which include imagining, planning, remembering, supposing, and choosing. Others are exposed to adult conversations that consist primarily of simple instructions, short answers, and direct information about the immediate situation. In other words, some children have experiences in complicated abstract discussions, while the language experiences of others are more simple, concrete, and factual. This latter group of children may be at a disadvantage in school environments where abstract thinking and talking are needed. In bilingual situations, the primary English model for a child may be other children: an older brother or sister for example. In such cases, the older child, who may be only one or two years older, may have communication skills just slightly more developed than the child for whom he is the "model." In such instances, children may need special, intensive language instruction.

2. THE INFLUENCE OF PHYSICAL HANDICAPS. The normal speech and language learning process may be interfered with by many types of problems. Hearing difficulties and a variety of other physical problems may affect the child's ability to learn.

A hearing loss not only prevents the child from listening to the speech of others but may also prevent him from hearing his own voice. Thus, he is unable to imitate speech, the means by which children with normal hearing learn. Hearing-handicapped children may need special training over a long period of time. The training includes instruction in lip (speech) reading and speech and voice drills in which vocabulary and sentence structure are

emphasized. If the hearing loss is very severe, this training must be provided in a special school or class for hearing-handicapped children. Children with less severe hearing losses receive special help in regular classes.

Regardless of the extent of the hearing loss, an examination by a physician is necessary. Many hearing-handicapped children can be helped through medical and surgical treatment. Others may be helped through the use of a hearing aid. When an aid is needed, the child should receive it as early as possible to take advantage of the child's best language learning years. Children who have significant hearing problems should be evaluated by an audiologist. The audiologist is most able to make recommendations concerning hearing aid use and otherwise advise the teacher and parent on educational and social problems related to hearing loss and the steps which can be taken to correct them.

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Another condition which may disrupt the normal speech and language process is the inability to use the speech muscles efficiently. The production of speech sounds requires very complex muscle movements, and the child with defective speech muscles may, as a result, make some sounds incorrectly. For example, the child with a cleft palate may be unable to build up sufficient air pressure in the mouth to pronounce such sounds as /p/, /b/, /d/, /t/, and it is likely that his speech will be hard to understand. Similarly, children with conditions referred to as "cerebral palsy" may have trouble controlling the flow of their breath or coordinating the speech muscles. For many children, orthodontic, medical, and surgical techniques can often improve the function of the speech organs, but in severe cases, speech training may have to be continued for a long period.

There is still another group of children whose speech and language problems cannot be attributed to defects of the ear or in the speech-producing muscles. These children, often called "brain-damaged," are likely to have varying degrees of speech and language delay because of central nervous system deficiency. The problems vary in degree and kind, but such children tend to have a poor attention span, are unable to tell the difference between sounds, and have a limited memory. As a result, they often fail to understand words or do not know basic information which would be expected of children their age. They may, for example, have unusual difficulty with names, numbers, or concepts of quantity, size, and shape. They may use sentence forms which are fragmentary and immature, may not attend well to storytelling, may not seem to understand speech, and may be unable to converse with other people. In these cases, it is the magnitude of the symptoms that makes the problem significant.

Whether a child's speech and language problems are a result of external factors or physical defects, significant problems will certainly affect a child's learning ability and his ability to be successful in school. Such children need and deserve intensive individual attention.

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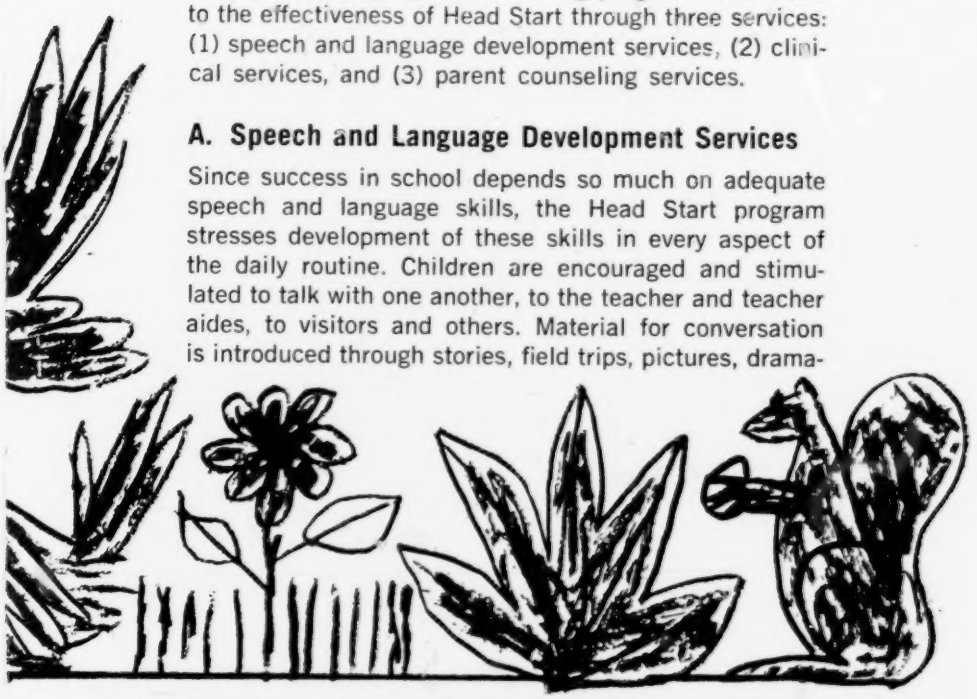
GOALS OF THE SPEECH, LANGUAGE, AND HEARING PROGRAM

The speech, language, and hearing program contributes to the effectiveness of Head Start through three services: (1) speech and language development services, (2) clinical services, and (3) parent counseling services.

A. Speech and Language Development Services

Since success in school depends so much on adequate speech and language skills, the Head Start program stresses development of these skills in every aspect of the daily routine. Children are encouraged and stimulated to talk with one another, to the teacher and teacher aides, to visitors and others. Material for conversation is introduced through stories, field trips, pictures, dramatizations, and play activities. The speech, language, and hearing specialist (clinician) is prepared to contribute to this speech and language program for all Head Start children. Many traditional techniques, effective in individual clinical work with handicapped children, are equally good for large groups. The clinician may be called upon by classroom teachers for advice on introducing speech and language activities into the classroom routine. Listening skills include detecting differences, identifying and analyzing speech sounds. Procedures for improving these skills are important to reading readiness, and all children will benefit from such activities and exercises. The clinician can provide the classroom teacher with information about when a child can be expected to make certain speech sounds, develop sentences, and follow grammatical rules. Occasional lessons



might be taught by the clinician as demonstrations of appropriate procedures and materials. One of the goals of the speech, language, and hearing program in Head Start is to prepare a child for the introduction of written language by bringing his speaking skills to the level expected for his stage of development.

B. Clinical Services

One of the goals of Head Start is to minimize the unfortunate impact that significant communication problems may have on the ability of children to receive or express ideas. In any group of three-to-six-year-olds, a small percentage of the children will need special services for the correction of handicapping speech, language, or hearing disorders. Because the best years for learning speech and language are the early years, it is important for the speech-language-hearing clinician to provide remedial services as soon as possible. Also, speech and language development are closely related to physical health, mental health, and environmental conditions. Children's needs in these areas are often signaled by a lag in speech and language development. Teachers, clinicians, and others in Head Start programs should

refer particular children to medical and social agencies when extra help is needed. The specialized services of a clinician ordinarily are to be applied only when disorders of handicapping proportions exist. When significant disorders are found, the services provided should be intensive. The goal should be to eliminate or reduce the effect of the disorder as rapidly as possible.

C. Parent Counseling

Parents should be helped to appreciate the high value society places on communication skill and to realize their own important role in its development in their children. They need to understand the steps through which these skills develop and be encouraged to set realistic goals for their children's speech and language development. This help should be provided through individual conferences or group discussions. Parents of children with speech, language, or hearing handicaps must understand the children's problems and their own role in a home program designed to support clinical services. In addition, parents of all Head Start children benefit from discussion groups where speech and language development is stressed. Many parents, in all cultural groups, do not know the stages and steps in the normal development of speech and language. Some assume that children learn to talk quite automatically and without help. They give little thought to the importance of the parental role as teacher and model. One extremely naive mother remarked that she didn't talk to her two-year-old because he didn't understand her; she was waiting for him to talk to her before she talked to him. Parents do not always realize that understanding must occur before a child will express himself through speech. Often, parents do not consider the close relationship between language development and the child's ability to learn. One of the roles of the clinician is to help provide valuable information and suggestions on how to stimulate child-adult communication at home, how to make good use of mealtime and bedtime conversations, and how to encourage children to ask questions and share experiences. Parents should be asked to report on their degree of success in stimulating speech at home.

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Parent group meetings provide an excellent opportunity for discussions of their successes and concerns. In these ways the speech, language, and hearing program assists the parents in developing an understanding of the language needs and language growth of their children.

SPEECH AND LANGUAGE DEVELOPMENT SERVICES

Speech and language development should not be left to chance. Opportunities must be provided in early childhood classes for speech and language growth. Planning plays a large part in determining the way that learning takes place. Teachers usually prefer, and should be encouraged, to develop their own plans and materials; however, prepackaged language or reading readiness kits

may be used for some individual children. A speech, language, and hearing clinician may be helpful in providing demonstration and consultative services to the Head Start teacher.

The program should begin at the child's usual level of language development, not at where teachers think he ought to be. Many children come to Head Start with many language needs. The teacher must provide an atmosphere in which a child may feel comfortable using nonverbal communication as a substitute for oral expression; she accepts, for example, smiles, gestures, and pointing. New concepts and language patterns should be introduced according to the needs of the children involved.

Although children need to become competent in the use of the school language, the teacher must use the child's own language as a starting place. The goal of a speech and language development program is not to change or replace a child's community language pattern or dialect but, rather, to enrich his total use of language. It is most important to the welfare of young children that their teachers accept the cultural and linguistic variety found in our society. At the same time, it is necessary to develop verbal communication skills that are adequate outside the immediate home or community environment. The goal is to help the child expand and develop his language comprehension and language use, and acquire additional oral language skills which are useful in the larger society. However, keeping oral language patterns used in the smaller home community is good for the child's overall communication needs and is also psychologically desirable.

Speech and language development lessons may be built on the materials and ideas presented on the following pages. These procedures are presented in a sequential, developmental order, so each teacher should adapt and expand these suggestions to meet the individual needs of her class. The child's language learning experiences should be pleasant, and every attempt should be made to make them fun, satisfying, and appropriate to his individual needs.

A. Specific Teaching Goals

1. PRACTICE IN ORAL LANGUAGE. Children will learn language by hearing and using it often. Every opportunity should be given to the children to talk. Learning will be gradual. Children should not be expected to perform at a level higher than the stage they have reached. The teacher should be positive in her approach to teaching language so that the child is given opportunities for enough successful experiences to make him want to talk more. In all situations where speaking is involved, the teaching staff should give more attention to what the child is saying than to how he says it.

The teacher must show the children that she values their comments. She does this by using the children's ideas and suggestions. She may say, for example, "Eric thought of a way to move his body to the music," or "How did you know the puzzle would fit there?"

The teacher should help the child understand how he feels and how to express his feelings. The child should be helped to sense how his feelings affect others. For example, the teacher may ask, "How did you feel when Johnny hit you?" "You look unhappy. Tell me about it?"

Some of the occasions where the teacher can introduce opportunities for oral language include the following:

a. A teacher should find opportunities to talk to children individually. The child then has the chance to name what he sees, feels, hears, tastes, or smells. As a child enters a playground or classroom he may be wearing soft shoes, a fuzzy sweater, or have a shiny buckle. This gives the teacher an opportunity for conversation, using words for the new concepts.

b. When a child arrives at school with something in a bag, the others can guess and feel what is inside. A teacher can find other times to use a "feeling bag" or other sensory experiences to encourage telling about it.

c. Children should be read to extensively. They need to learn that interesting and informative material is found in books. They should become familiar with many storybooks so that they ask for them by name and establish their "favorites." When the teacher reads a story, she may pause frequently to ask questions such as, "Why did he do that? What will happen next? What would you do?" Such questions help the child to think and to express his ideas in oral language. At other times, the teacher may want to complete the story before asking questions. If the story is a familiar one, she might encourage the children to join in on familiar phrases.

d. Head Start children may be introduced to the use of books by using individual pictures from many sources as well as pictures found in storybooks. Even with young children the teacher can encourage oral language by asking, "Where do you think the boys are going?" "Why do you think they are going there?"

e. Songs and singing games can be used to express ideas. For example, the teacher and children can sing songs about their names, articles of clothing, or "What do you want to be when you grow up?"

f. Children can be led to dramatize small sections of a familiar story, taking parts, and making up their own stories. Children should be encouraged to tell a story in their own words using flannel board figures, puppets,

or books. The teacher may enter into the story with the child or let the child do it in his own way.

g. The Head Start program offers new experiences through field trips to such places as the child's neighborhood, the zoo, grocery store, farm, fire station, beach, park, or factory. It is important for the teacher to prepare children for these experiences so that they get the most value from them rather than being overwhelmed with new things. An appropriate vocabulary should be introduced prior to the trip and used again during the trip itself. When the children return to the center, the vocabulary is used as the trip is discussed. In each of these activities, vocabulary is practiced and extended in meaning. As children are made more aware of their surroundings, vocabulary grows. Children often need opportunities to repeat the experience several times (for example, several trips to the zoo/park/beach/etc.) before concepts are developed and vocabulary becomes a part of the child's oral expression.

The teacher can help children repeat a situation through dramatic play after a trip. She can also ask questions such as, "Where on the farm did you see the pigs?" "What was the horse doing when we saw him?"

h. The teacher and children should talk together while performing daily activities in the classroom. The class may have growing plants which need to be watered or pets which require care. Children may have duties to perform, such as hanging up coats and sweaters, getting out and putting away materials, washing hands, cleaning up after meals; each activity is an occasion for discussion of ways to do things. If the teacher verbalizes her own thoughts as she and the children perform these activities, she leads them to ask questions, make suggestions, anticipate events, and to understand more ways of thinking and reasoning. Children will learn by talking with adults about the things they are doing together.

During clean-up time in the doll corner, the children can classify articles as they pick them up. "Which things go in the refrigerator?" "Where do the cooking pans go?" A child can take the responsibility for giving directions to others. "Will you please tell the children that it's time to go inside?" or "John, it's your turn to put the cups around today."

2. VOCABULARY DEVELOPMENT. The development of vocabulary goes hand-in-hand with day-to-day experiences; as the experiences take place, words are needed to label and to remember objects, actions, and thoughts. Gradually vocabulary can be used to express new ideas. Generally, children learn to understand words before they learn to use them in their own speech. The teacher should not hesitate to introduce unfamiliar words in her speech to children. She should help children form adequate meanings by using new words several times, in several different ways, so that their different experiences can be generalized. For example, she might say, "Paper is smooth. Rub your hand on the paper. Feel it? It is smooth. Rub your hand on the brick. Is it smooth? No, it is rough. Rub your hand on the glass. Glass is smooth. What else is smooth? Is the desk smooth? The blotter? Is the carpet smooth? Is the doorknob smooth?" Such exploration, labeling, and repetition of a new word and its use in different contexts helps the child form meaningful concepts. Such experiences should occur at different times during the day.

The sharing of materials provides another example of an opportunity for vocabulary development. Sharing can be used in a variety of ways to provide the opportunities for the teacher and children to talk as they work. Children can explain how a toy works, a new way of singing a song, or how to play a game. Activities which introduce and stabilize vocabulary for children include the following:

a. Provide opportunities for experiences so that the children have something to talk about. Such opportunities may include the use of trips, stories, pictures, films, and recordings. Centers of interest, including the blocks, the doll corner, the easel, and other creative activities, provide opportunities for vocabulary development.

b. As concepts become clearer to children, the teacher may wish to emphasize the following in her speech:

(1) Word opposites or pairs. For example, up-down, night-day, hot-cold.

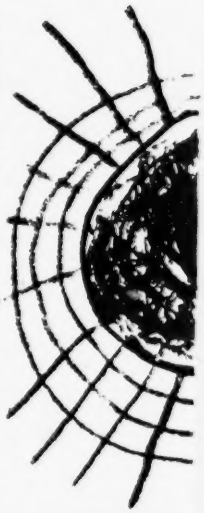
(2) Verbal categories. The teacher may help the child to see relationships by talking about the names of fruits, vegetables, clothing, and toys. Vocabulary can be built around a holiday theme, a field trip, or a classroom event such as a birthday.

c. Help children to ask and answer questions by using the words *who*, *where*, *when*, *what*, and *how*. The teacher will use these words in her own speech as a model.

d. There are certain types of specialized vocabulary which the children will need in school. One of the most important is the vocabulary of "directions." The teacher gives instructions, using terms such as "Put . . . on," "Get your coat," "Come to story time." The teacher needs to keep the directions simple and to allow time for the children to complete the task. A child may repeat a teacher's previous direction. For example, "What do we do after snack time?"

3. CONCEPT DEVELOPMENT. Concepts are the meaning of words, the generalization of experiences, observations that one has noticed and selected from his environment, the grouping of experiences that can be labeled. Whenever possible the child should use objects of his own experience, such as real fruits, vegetables, and other foods that are sweet, salty, sour, or bitter. Objects of different textures should be available to give touch experiences. All such materials used by the teacher and children to illustrate concepts should be real.

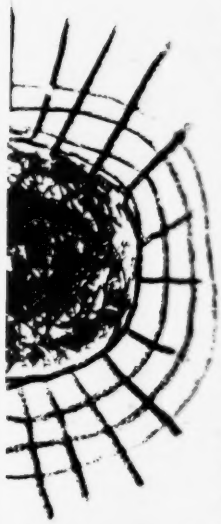
Some of the beginning concepts are color (red, blue), shape (circle, square), size (big, little), volume (full, empty). These are based on observable characteristics of objects. More complicated concepts are those of time (day, night, yesterday, week), age (young, old), number (many, few, two, all), position (over, under, up, down), motion and speed (walk, run, fast, slow), body parts (hands, head, feet). Concepts more directly related to specific sensory experiences include loudness concepts (loud, soft), pitch concepts (high, low), texture concepts (hard, soft, smooth), taste concepts (sweet, sour).



Children learn concepts by "seeing" likenesses and differences and then generalizing the information that they receive from the world around them. The teacher can aid in this development by providing situations in which children separate some objects (discrimination) and group or classify others (generalization) according to specific qualities. She can help children select and match colors, shapes, etc., or classify objects or pictures of people, animals, clothes, etc. Labeling or naming the group or category helps the child retain the concept. Concept development may be helped through such activities as the following:

a. Color. The children might be asked to match crayons to crayons, finding the red, the green, the blue. The colors may be lined up in a particular order, then the sequence changed to see if they can match the arrangement. Match crayons to colored paper, to items of clothing, to articles in the room. Ask questions which help the children name colors, such as, "What color is a fire truck, a tree, the sky?" or "Who can think of something red, green, blue?"

b. Size. The children may build with blocks a big tower, a little tower, a big house, a little house, a big bridge, a little bridge. Ask the child to see if a big car will go under a little bridge, a big doll go into a little house. Use the vocabulary "too little, bigger than, big enough." Ask questions such as, "Who can think of something big? An elephant, a building, a train. Who can think of something little? A fly, a peanut, a pin." Children can find the biggest child, a big book, a little book, a big piece of chalk, a big paper, a little paper. Arrange all the big things on one table, the little things on another.



c. Space and Body Parts. The children can imitate the teacher's body posture and movements. The children can touch different parts of their bodies, such as the head, feet, knees, elbows, shoulders. They may experiment with the use of various body postures and positions of the arms and legs. Give children the opportunity to use such body movements as kneeling, hopping, skipping, stretching, and jumping.

d. Time. The teacher may call attention to evidences of time change in relation to daily activities, such as, "It is time to go outdoors," "It is lunch time." Measures of time, such as the clock and the calendar, are available in the room and may be referred to as the occasion arises. More formal work with these materials should be delayed until concepts have been developed. One way of introducing "time sense" to the young child who finds it difficult to remember days of the week or numbers and calendar dates is to place circles on a string. Remove one each day to give the child a sense of time change. The teacher can comment, "We took off a circle yesterday and today we'll take off this one." A teacher can ask a question such as, "How many days until Halloween?"

4. SENTENCE PATTERNS AND GRAMMAR. Children's first word combinations are short and simple. In their early oral attempts children may use words and short phrases such as "Here doggie" to mean "Here is the doggie," or "Look apple" to mean "Look at the apple." The present tense is used more frequently than past and future. Plural endings are apt to be omitted, although the children can indicate "more-than-one" by such words as "more," "two," "all." Possessives can be indicated merely by word combination such as "Daddy coat." The teacher hopes to help the children develop a new pattern in addition to, not in the place of, their own speech patterns. Exercises and activities such as the following can be used by all teachers:

a. Children can be encouraged to expand the simple noun phrases, "a car," "a dog," into longer statements such as "a blue car," "a big dog." The teacher may distribute pictures, asking the children to name them. She will set the pattern, using such language as, "I have a green truck. What do you have? A car? What color is your car?"

b. Language patterns may be developed by games using common expressions. For example, the teacher may ask the child to complete the sentences, "I see _____." "This is a _____." "I want the _____."

c. Pictures can be used to introduce sequence. Simple storybook pictures shown in sequence will help the child to keep in mind a series of ideas and to tell a story in order. The child may later arrange a series of pictures in sequence.

d. Conjunctions can be emphasized as children gain facility with language. The conjunction "because" introduces cause-effect relationships; the conjunction "or" requires a child to make choices. As a child first hears and then learns to use conjunctions such as "if," "so," "but," he learns relationships between sentences.

5. SPEECH SOUND LEARNING. Three- and four-year-olds are still in the process of learning the many speech sounds of their language. Their ability to make sounds clearly is still developing and should not be expected to be perfect. The pronunciation of specific speech sounds by some children may be so different that communication is difficult. Children should be helped to express ideas and feelings before efforts are made to help them make speech sounds precisely.

Two steps in the learning of speech sounds are (1) listening or ear-training and (2) practice or production. Before children can hear differences in speech sounds, they must learn to listen and to hear differences in sounds of all types. A good place to begin is with sounds selected from the children's own environment. Horns, whistles, drums, and gradually less common sounds, such as clackers, sandpaper, etc., may be used to develop listening skills. When children have become familiar with these simple sound-identification tasks, the sounds of speech may be introduced for comparison and recognition. Following are some such listening activities:

a. Have the children shut their eyes and identify sounds.

b. Have the children tell the sounds which are alike and different. Start with sounds that are very different and

then more and more alike. After using sound toys, use musical instruments and the human voice to create differences in pitch and loudness.

c. Have the children select from a series of sounds the one which matches the sound made by the teacher. In the identification of high and low sounds, start with an intermediate sound in order to hear high and low in relation to this middle sound.

d. Have the children listen to the sequence or pattern of a series of sounds. Then have them reproduce the pattern on the bells, sticks, or other instruments.

e. Have the children listen for speech sounds: names that begin alike or a particular sound in a story.

Following are activities for speech sound production:

a. Have the children practice saying their own names and each other's names clearly. Point out word endings as well as initial sounds.

b. Have the children repeat the numbers and stress different blends, such as *three* and *six*. Stop and practice

HELP US
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individually the different sounds; then say the numbers from 1 to 10 rapidly, maintaining careful articulation.

c. Practice the names of teachers, school, streets, stores, or any other informational items the children should be prepared to give.

d. A short poem or song which the class repeats can be used to stress word endings. Difficult words should be practiced individually.

e. Children's speech can be tape-recorded and then replayed to see if they recognize it, understand it, or can correct it.

f. In group discussions or conversational periods, special words can be used for practice. Vocabulary pertaining to current holidays, stories, and events can make up a daily "speech list" for group understanding.

B. Geographical and Social Considerations

1. TEACHING SPEECH AND LANGUAGE TO THE BILINGUAL CHILD. In certain geographical areas, the teaching of English as a second language is a major concern of Head Start. Therefore, teachers in bilingual communities have specialized needs for materials and procedures not common to all Head Start programs. The discussion which follows is not intended to describe specifically how English is taught to a child who does not speak English but is intended to suggest approaches which may be used.

Some children enter Head Start programs with little or no knowledge of the English language. However, all children, except the most severely handicapped, possess some language which they have learned at home. Because the language in the home environment is other than English, they may enter Head Start with normal language skill, but not in English. These children are called "bilingual" even though they may have very little skill with English, the second language. Only after considerable exposure to English will they, in fact, become truly bilingual.

Helping bilingual children learn is much more complicated than helping those who enter Head Start speaking and understanding English. Two major approaches to meeting the special educational needs of bilingual children have been developed. They are (1) teaching English as a second language and (2) bilingual education. The two are not necessarily mutually exclusive; the approach depends to a great extent on the educational philosophy and the objectives of those administering the program.

Teaching English as a Second Language (TESL) uses methods and techniques that have been developed to teach foreign languages. This approach attempts to teach the child to use the mainstream English dialect with the same ease as the average English-speaking child his age. The procedures follow closely those used to teach a foreign language to adults; the emphasis is placed on drilling structural patterns of English. These techniques will only help to improve the child's English; they are not designed to improve his intellectual func-

tioning or general verbal communication skill. Some TESL programs for children do, however, include the teaching of general language abilities and use the child's first language as a tool for teaching English.

Bilingual education is characterized by the use of two languages to teach some or all of the school curriculum. One advantage of this approach is that it uses the child's "native" tongue to teach new concepts and other subject matter while he is learning English. Thus the child can use the symbolic system he already possesses as a tool for learning. When all instruction is in English, the teacher must wait until the child has some mastery of the language before she uses it in instruction.

Advocates of the bilingual approach believe that the teacher's use of the child's first language indicates to him that the school accepts him and his culture. If the use of his first language is forbidden, the child will probably interpret this as disapproval of himself and his background. Also, the using of the child's home language makes it possible to establish a strong line of communication between home and school. Another advantage is that the child is given the opportunity to become truly competent in two languages. And, as he learns to read and write in his first language, he can use these skills to acquire new knowledge on his own.

Anyone who is learning a second language will present his teacher with special instructional problems. The articulation, vocabulary, and grammar of the non-English language are frequently carried over to English usage. For example, a child who speaks Spanish may carry over the structure of the Spanish sentence, "No dijo ninguna palabra," into the English equivalent, "He didn't say no word," Or he may say "base" for "vase" since the "b" and "v" are both pronounced "b" in Spanish.

Some bilingual children come from an environment in which even the first language learning is limited. In such cases these children may have had few opportunities for learning about the world or for developing their concepts basic to school achievement. The learning of even their "native" language may be limited in breadth of meaning and vocabulary. In this instance, language training

must provide many educational opportunities for the development and expansion of concepts and meanings in both languages.

Whether ESL methods or the bilingual education approach are used certain principles apply to any program designed to help bilingual children learn English:

a. The program should capitalize on the child's knowledge of his first language in order to expand his conceptual development and encourage personal identity. He should be encouraged to retain the language or dialect of his community for communication at home.

b. The program should consist of planned, sequential educational experiences in all aspects of language.

c. Extensive opportunities for speaking, listening to, and understanding oral English must precede attempts to teach reading and writing skills in English.

d. Parents should understand the goals of the program and the methods used. Parents should participate in the education of their children.

e. The teacher must respect the language and culture of the child and his family, and indicate this respect through her attitudes and statements. The child should never be made to feel that his language is inferior or less important than English. The teacher must avoid using such terms as "incorrect" or "bad," when talking about the child's language.

f. The program should take into account the wide range of differences in language experience within a particular group. Instructional materials should be sufficiently varied to allow for individualized instruction.

g. If testing for intelligence and achievement is done, it should use instruments and norms which take the language difficulties into account. Those who administer such tests should have special training in testing bilingual children.

Specific information on how to teach English as a second language may be obtained from the following sources:

The Center for Applied Linguistics, 1717 Massachusetts Avenue, N.W., Washington, D.C. 20036.

National Council of Teachers of English, Robert F. Hogan, Executive Secretary, 508 S. Sixth Street, Champaign, Illinois 61820.

Peace Corps, 806 Connecticut Avenue, N.W., Washington, D.C. 20006.

Southwestern Cooperative Educational Laboratory, Inc., Dr. James Olivero, 117 Richmond Drive, N.E., Albuquerque, New Mexico 87106.

Southwest Educational Development Laboratory, Dr. Edwin Hindsman, 800 Brazos Street, Austin, Texas 78767.

Teachers of English to Speakers of Other Languages, James E. Alatis, Executive Secretary, Georgetown University, Washington, D.C. 20007.

2. SOCIAL AND EDUCATIONAL ISSUES. A controversy surrounds speech and language development services for Black children. Teachers, clinicians, and others involved in Head Start should recognize and understand the significance of this issue. The controversy centers in the belief that negative attitudes toward "Black speech," as some people term the unique language patterns of many Black Americans, are, in fact, reflections of a deep-seated prejudice against Black people in general. As a consequence, terms such as "sub-standard," frequently used to describe Black speech or Negro dialect, will

cause resentment among some Black parents and children and may interfere with the success of the program. Teachers and clinicians who identify Black speech by such terms sometimes imply that the dialect is undesirable and should be eliminated. Many Black parents are demanding, on the contrary, that teachers learn this mode of speech and use materials that can be read and understood easily by the children. Whatever the approach taken in the speech and language development program, tact and understanding are required if conflicts are to be avoided. More than ever before, teachers and clinicians working in Black communities must be sensitive to the needs of the children and their parents.

A second issue is the communication barriers which may arise between the teachers and the children themselves.

These barriers, baffling and frustrating to both, result from the limited experience of each with the culture and language of the other. In many cases, children are bewildered by the efforts of even sympathetic teachers to force on them unfamiliar language. The child may not understand why his own language is not considered good enough. In other cases, teachers blame their communication failure with Black and bilingual children to underdeveloped speaking skills or limited learning potential on the part of the children. The fact is that Black children and bilingual children communicate quite well in their familiar surroundings.

Research has shown that Black children have considerable facility with the language of their own community; they verbalize and function best in friendly or nonthreatening situations. They understand more language than they speak; their nonverbal language skills are highly developed; and their imagination frequently leads to language that is rich and creative. A major problem is that the "school language" is often unfamiliar to them.

The teacher who takes the time to become familiar with the basic communication styles of Black children will soon find that they are neither inarticulate nor nonverbal. Becoming familiar with a dialect does not mean the teacher has to learn to speak it, but she must come to

understand it and respect it as a different and useful linguistic form. To gain this insight she may need to overcome deeply imbedded notions about the relative status of various language patterns. She will have to repress any tendencies to be intolerant of nonstandard language forms, including occasional bits of what she may consider to be profane or obscene language. "Profanity" and "obscenity" are relative terms and depend on the individuals and the environments involved. Words have different communication values in various linguistic communities. The teacher may have to help a child learn to judge the appropriateness of the setting in which such words may be used.

Rather than rejecting a child whose language patterns differ from those of the school, the teacher must learn to listen to him without negative reaction. She must also encourage the child to learn the many ways of saying the same thing, without rejecting the child's original way of saying it; to reject the child's language is to reject the child. Finally, in order not to harm the future of their relationship, teachers must learn to avoid using language that is offensive or threatening to the child and his family. "We don't talk like that," "You must learn to use *correct language*," and similar statements, must not be used.

It is important to restate that the primary goal of the Head Start speech and language development program is to help children develop fluency in the speech and language of the schools as an additional and essential communication skill. It is not the purpose of this program to *replace* or *substitute* one dialect for another.

Although much research has been completed on the language usage styles of children from limited socio-economic backgrounds, the findings must be viewed with great care. Actually, research has told us more about what not to do and what not to expect, than about what can be done successfully and what hopes we dare have. Certain of the more crucial research findings may be summarized as follows:

a. Students who speak a different dialect are handicapped in the school situation because of the need to transform one grammatical form into another. For example, a child must learn that, "My muver, she be busy," is the same as, "My mother is busy." This translation process requires the student to perform feats of analysis and transformation which even professional grammarians may find difficult. A very great need is for all Head Start staff to understand the culture of the children in their program. Head Start educational experiences must be based on such understanding, and should be presented with an appreciative and accepting attitude.

b. Reading curricula need to be tied to spoken language. Present approaches make it difficult for the child to translate written symbols into the rhythm of daily speech.

c. Bi-dialectalism represents a realistic goal towards which all teachers of children from various cultures should strive. That is, the children should be helped to become proficient in both language systems.

d. Language samples from Black children should be looked at in terms of their own dialect when determining their language ability; if these evaluations are made in terms of any other system, misleading and inaccurate results will occur. Establishing rapport and testing in an unstructured setting help overcome these difficulties.

e. Failure to understand that a plan for the language needs of young children must be worked out and followed in Head Start will lead to unnecessary and often heartbreaking school difficulties.

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COUNSELING PARENTS AND TEACHERS

A. How Adults Can Stimulate Normal Speech and Language Development

Both parents and teachers need to remember that children learn language by interaction with people. Children will not learn to talk merely by growing older. They must hear a great deal of adult speech before they begin to imitate it themselves. Relationship between speech, writing, reading, and school performance and work should be stressed.

1. THERE IS A SPECIAL TIME FOR SPEECH TO BEGIN. Children begin to say their first words around the age of one year and to combine words into "baby sentences" at about two. By the time they are four, most children are speaking in complete sentences, asking questions, using verb tenses, pronouns, and many other features of adult language. If a child is not exposed to adult language during this time, it is very hard for him to learn to use adult language later.

2. STIMULATE THE CHILD WITH SPEECH. Parents should take advantage of this special time for language learning by talking to their children even though the children don't understand everything they are saying. The adult should speak directly to the child, at close range rather than from across the room, so that his voice is distinct and separate from other noises in the environment and so that the child sees the adult's face while he is speaking. When the child begins to imitate this vocal behavior of the adult, he should be rewarded with smiles and approval and encouragement to continue the vocal exchange.

3. BE AN INTERESTED LISTENER. Even if the child's words are unintelligible at first, the adult must make talking a stimulating, pleasant, rewarding experience. The adults must try to understand what the child is saying; nothing is more encouraging to a young child than to know that his adult listener understands him, and nothing is more discouraging than to have his listener

turn away from him while he is trying to talk. Close parent and teacher contact and interaction is very important during the language learning period. Many opportunities for the child to interact and talk with children of his own age should be provided. Often, children are most stimulated by other children.

4. EXPAND THE CHILD'S SPEECH. Children begin to speak in short fragments, not in complete sentences. Parents and teachers can show a child that they understand him by repeating his "baby sentences" the way an adult would have said them. If the child says, "Shoe," the adult can say, "Shoe. Yes, shoe. Here's your shoe. Put on your shoe." The child may reply with, "Put shoe." Then the adult can say, "Put shoe. Put the shoe on. Put it on. Put it on your foot." The child might, thus, be led to say, "Put shoe foot," which is a much better combination of words than the single word "shoe" that he started out with. It is this kind of word play that teaches the child adult ways of talking, and assists him in language development.

5. MAKE THE CHILD AWARE OF HIS SURROUNDINGS. A child will learn new words for new things that he encounters. Therefore, it is important to give him as many different experiences as possible. Visits to relatives and to neighbors are stimulating experiences for talking. Trips to the store allow him to hear the names of different kinds of food. A ride on a bus may require new words to be introduced—stop lights, passengers, traffic, driver, fare. A trip to the park will give him experience with words like trees, grass, squirrels, pigeons, sandbox, slide, and swing. A trip to the doctor or clinic introduces words like nurse, shot, weight, scale, pounds, and ounces. As his verbal experiences grow, so will his vocabulary, the list of things he can name and remember and talk about.

6. SPEAK WHILE YOU ARE DOING THINGS. A child needs to hear language simultaneously with the activities it describes. Therefore, the adult should talk to the child about what the adult is doing as she is doing it. While the mother is preparing a meal, she can include the child by saying things like, "Let's get some water now.

There. That's enough. No, it needs more. Now we light the stove with a match. Watch out. It's hot. There. Now the water will get hot. Then we'll put in the beans. They will get soft and then we can eat them." Talking to the child while doing things encourages him to talk, to ask questions, to understand reasons for adult actions. These are the moments during which children learn adult ways of thinking, behaving, and speaking.

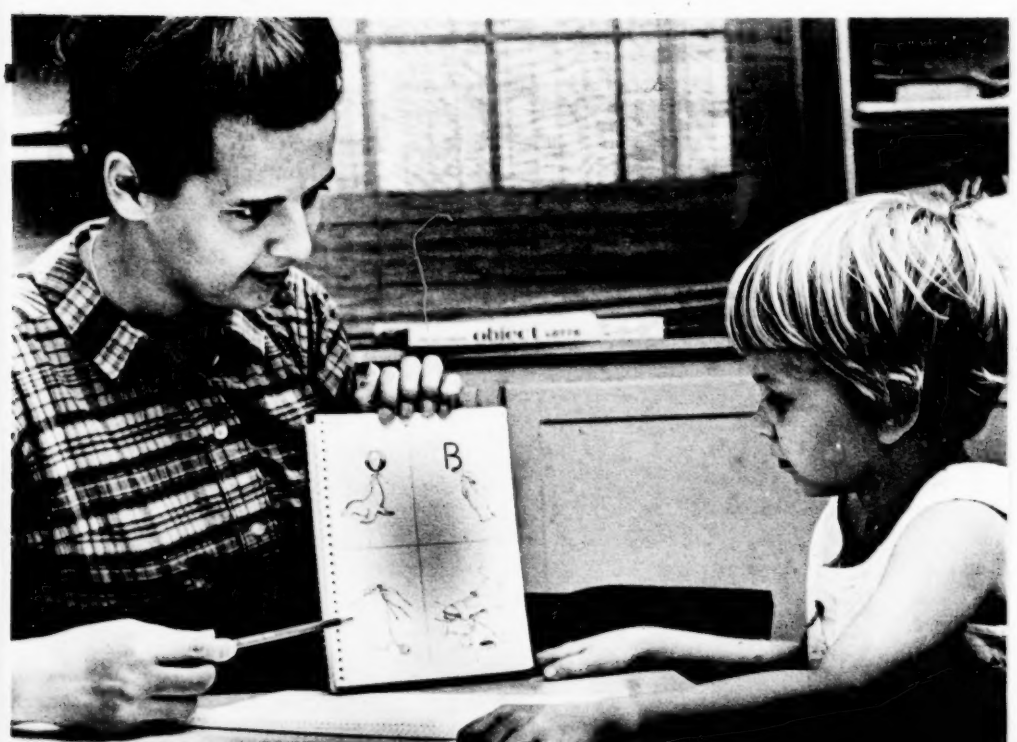
7. EXPLAIN NEW WORDS. Children hear new words from parents and teachers but often do not understand their meanings. It is important for a child to have a way of asking, "What does ———— mean?" or to ask for a new word with the phrase, "What is this called?" Adults can anticipate children's needs by asking, "Do you know what ———— means?" or "Do you know the name of this?" The child who can ask these questions shows that he understands word-meaning relationships and that he is able to expand his vocabulary readily. Since new words introduce new concepts and ideas, the child with a growing vocabulary enriches his thinking with every new word he learns.

8. SPEAK CLEARLY AND IN SHORT SENTENCES. It is very important that the child has an adult model whom he can understand easily. Children who are just beginning to speak cannot understand a long sentence. It must be broken up into smaller units. A three-year-old might not understand the sentence, "If you don't come home when I call you, how will I know where you are when it is time for you to go to bed?" But a three-year-old could easily understand, "Stay in the yard. Don't cross the street. Pretty soon it will be bedtime. I will call you. I want you to come when I call." Teachers, too, should be certain that instructions are given in small units which can be easily understood. It would be hard for a child to follow, "After you've hung up your coats and hats, come and sit in your chairs and be quiet so that I can tell you a story." It would be much better to say, "First hang up your clothes. Then sit down. Be quiet. I will tell you a story when you are ready."

9. DISCUSS EVENTS WITH CHILDREN. Children should be encouraged to talk with each other and with adults about the events of the day, what they have seen on TV, what happened in school, on the playground, at the neighbor's house. The exchange of such information makes children feel more family closeness; they appreciate knowing that parents are interested in what happens to them. Adults should be good listeners on these occasions, asking questions, showing appreciation, relating events of their own day in which the children would be interested. Part of the daily school routine can be a "talking time," a period set aside for group discussion, listening, questioning, exchanging information. At home, parents can set aside mealtime or bedtime or an after-work period when the family talks together. When the family is large, parents will have to establish a "good listening" attitude among children, insist that they take turns talking, and divide their own attention as equally as possible among children. Learning to listen to the other children and to be interested in what happens to them is an important part of family living. It is also an important part of language learning.

10. READ TO CHILDREN. Parents and teachers need to introduce a child to reading by letting the child see

them read at home. Children are not taught to read until first grade, but long before that they know what reading is and enjoy having adults read to them. Libraries are full of picture books with simple stories which children enjoy, and any parent can take these out for a couple of weeks at a time. Children need to know that the world of reading is an interesting, stimulating, expanding world and that they can be a part of it. Children may learn to recognize certain common words even before they are taught to read. They learn to identify packages and cans of food by the labels; they learn to read the names of stores, street signs, buses, and newspapers just by seeing them so often and by having their parents read these words for them. Children take pride in recognizing their own names and they enjoy copying or tracing them on paper or on a blackboard. Pencil and paper are extremely interesting "toys" for children, worth much more educationally than expensive dolls and trucks. Both teachers and parents can pave the way toward schoolbook reading by making it an interesting experience in which even preschool children can participate.



B. How Adults Can Help Children With Speech, Language, and Hearing Handicaps

Both parents and classroom teachers of children with communication handicaps are in a good position to help the speech and hearing program. Their close daily contact with children allows opportunity for evaluating progress, noting unusually difficult speech or hearing situations, and arranging a home and classroom atmosphere in which a child with a problem can function at his best. Adults who have this close contact with handicapped children need to understand the following:

1. HEARING PROBLEMS. Parents of hearing-impaired children need extra patience and understanding. They must not call to children from across the room or from the next room, expecting them to come. Children must not be punished for failing to follow instructions which they cannot hear. The hard-of-hearing child may take a little longer learning to talk, and parents must be prepared to spend extra time and effort stimulating and encouraging his early speech attempts. In school the child with a hearing loss should be seated close to the teacher. If a child must lipread or use visual cues such as facial expressions or gestures to help his hearing, he should face the teacher rather than sit next to her. The teacher should not continue to talk to him while turning her back to write on the blackboard. The teacher should make an effort to stand or sit where her face will be well lighted; she should avoid standing in front of windows while speaking.

2. ARTICULATION PROBLEMS. Children whose speech cannot be understood have frustrating experiences at home, on the playground, and in classroom discussions and are apt to withdraw from situations requiring them to speak. They should not be pressured to participate but encouraged by the parent's or teacher's honest effort to understand. Such children can be led into verbal participation by asking them questions, the answers to which are relatively predictable, thus reassuring him that he has been understood. If a child volunteers to speak and cannot be understood, the teacher should try to make a noncommittal reply as a compliment for his effort. Both teachers and parents should know what particular speech sounds the child is working on with the speech clinician and praise him for any carry-over attempts.

Parents and teachers of the Head Start age group need to be reminded that three and four year olds do not make speech sounds well. In general, this age group can be expected to produce accurately the vowels and diphthongs, the nasals (m, n, ng), and the stops (p, b, t, d, k, g). More difficulty is expected with sounds produced by friction (f, v, th), semivowels (l, r), sibilants (s, z, sh, j, ch), and blends (st, br, skr, etc.) and children of the Head Start age group should not necessarily be considered delayed in articulation for mispronouncing these sounds. Consonants will generally be easier to produce in initial than in final positions in words. For example, the "b" sound in "bad" is easier to make than is the "d" sound in the same word. A child is not expected to have complete articulation mastery until age seven or eight,

and he will, of course, pronounce words much as do others of his cultural group. Significant articulation disorders should be distinguished as carefully as possible from minor developmental problems or dialectal differences. Minor variations in speech generally will not be handicapping, and should not receive much attention from the staff.

3. STUTTERING. All children exhibit a normal lack of fluency in the early language-learning years, and this should not be confused with stuttering. Even persistent repetitions should be ignored both at home and in the classroom. The teacher and children should merely wait out the child's speech attempt, maintaining eye contact, and then respond to the content of his speech, not to his way of talking. Classmates of children who stutter will not react negatively if the teacher sets an example of acceptance and patience. Parents can show by their own manner that the stuttering need not interfere with the message the child is communicating. Other children in the family and neighborhood will probably react to a child's stuttering the way they see the adults react. Both parents and teachers can be of great help to the speech clinician by observing and reporting the kinds of pressure situations in which children have the most difficulty.

4. LANGUAGE PROBLEMS. Many children have difficulty understanding language yet, on examination, are found to have normal hearing and normal intelligence. Often it is not possible to find the cause of the difficulty. Some of these children may appear to be unmotivated or inattentive. Some may become extremely active and disrupt the classroom. For such children, the teacher or parent must often repeat instructions slowly, in short sentences, and at close range. These children cannot understand complicated speech or speech which comes from a sound source too far away. In a number of ways, they may appear to act as though they have a severe hearing loss. The teacher should seat such children close to her where she can be easily seen and heard. Every effort should be made not to punish or penalize a child unduly for behavior over which he has little voluntary control. It is not always easy to distinguish between purposeful and nonpurposeful misbehavior.

When reading to preschool children, it is advisable to stop frequently and ask simple questions to see if the child is understanding the story. Children who have difficulty understanding will often follow a story read aloud much better if it is broken up into small units. Unusual words should be discussed, explained, and used in many contexts to establish categories for meanings. Time words, such as *now*, *later*, *not yet*, *before*, and *after*, and space words, such as *close*, *far*, *next*, and *between*, may need considerable explanation. Complicated grammatical constructions, such as *what if*, *either-or*, *if-then*, *so-that*, may have to be repeated many times before the child's thinking is directed into the required patterns. These language structures make excellent lesson material around which stories and activities can be planned, and they will be instructive to the whole class, not just to children with language problems.

Some children who seem to understand very well have difficulty speaking. Often they may have difficulty remembering which word to use. Their vocabularies are developed but not easily retrieved. The teacher or parent may subtly supply a word rather than allow a child to struggle for it when it is obvious what word the child is trying to recall. Such prompting should be done effortlessly and without embarrassment to the child.

Children who do not talk at all in the classroom should continue to receive as much language stimulation as can be brought to them. They should be included in nonverbal play activities. Occasional invitations to speak should be offered, such as replying to a yes-no question, saying hello and goodby, speaking in unison or in singing, but they should not be penalized for silence in the classroom. Such children need special help, which the speech clinician is prepared to give.

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CLINICAL SPEECH, LANGUAGE, AND HEARING SERVICES

A. Clinical Speech and Language Services

1. THE SPEECH AND LANGUAGE EVALUATION. Children needing remedial speech and language services can be found in two ways: (1) by teacher referral or (2) through a screening test administered by the speech and language clinician to all children. An experienced classroom teacher can usually identify children with gross communication problems by observing their classroom behavior. Where undue time would be taken up by surveying a whole school population, this is a recommended way to begin. As the remedial program gets under way with the referred children, additional time can be found to administer speech screening tests to all children. The clinician should eventually see all children enrolled in Head Start and should provide remedial services for those who have handicapping conditions.

It is important for the clinician to know the communication behavior of the community and to establish realistic norms against which to judge children as significantly different in relation to children the same age. Therefore, standardized tests for articulation, vocabulary comprehension, and syntax must be used cautiously and with occasional modification by the clinician. Many norms and scales related to speech and language development do not extend downward as far as the three-year level, and the children's test performances at these early ages cannot be regarded with complete confidence. Efficient screening of very young children can be done quickly and informally by having children talk about stimulus pictures, repeat key words containing a variety of speech sounds, and relate oral information spontaneously. In general, remedial speech services should be provided only where conditions exist which suggest that, without attention, a handicapping disorder will continue into late childhood. Generally, developmental lags should receive attention only as part of the speech and language development services provided for all Head Start children.

2. THE REMEDIAL CLASS. A child is enrolled in a remedial class after the clinician makes a thorough speech and language evaluation, including articulation, voice, fluency, and receptive and expressive use of vocabulary and syntax. The evaluation also includes an examination of the tongue, teeth, lips, and other structures used to produce speech. In addition, an assessment is made of the child's ability to tell the differences between sounds as well as his ability to remember them. On the basis of this evaluation and information gathered from other professional sources, the clinician determines the goals and the remedial or developmental procedures for each child. Speech and language work may be carried on individually or in small groups, at the discretion of the clinician and as time permits.

The clinician should keep a careful record of each child's progress and should keep in close touch with the classroom teacher to ascertain the carry-over of improvement into situations outside the remedial class. Frequent observation of the children in the regular classroom is advised, and the clinician should give the classroom

teacher suggestions about handling children with speech and language disorders within the classroom.

3. REFERRALS. The clinician should make use of outside professional referral sources for adequate diagnosis, advice on remedial training, and evaluation of progress. Referrals should be appropriate to the needs of the individual child, not routine for all children. Children with hearing losses, disease or defects of the speech musculature, or neurological damage should be referred for hearing tests or medical examination and follow-up. The clinician functions as a member of a professional and educational team and should always be prepared to contribute information bearing on the child's speech and language problems. Frequently, the matter of proper school placement for children needing special education classes may involve the clinician in meetings with other school specialists.

4. THE SPEECH AND LANGUAGE CLINICIAN. It is imperative that the clinician have some knowledge and understanding of the life style or culture of the groups represented in the Head Start program. Clinicians who have had training and experiences in the life style, culture, and language patterns found in these children add a great deal to the quality of the program. Personal characteristics of adaptability, sensitivity to interpersonal relations, emotional stability, and good judgment are prime requirements. The clinician often provides services on an itinerant basis and can be shared among several Head Start centers or with other speech and hearing facilities. The needs of small Head Start programs may be served adequately through the part-time employment of a qualified clinician. Names of qualified local clinicians can usually be obtained from (1) public school systems, (2) state departments of public instruction, (3) nearby speech and hearing clinics, (4) the American Speech and Hearing Association, or (5) from state speech and hearing organizations. Ideally, the clinician should have a small, relatively quiet room in which to see children individually or in small groups, a tape recorder, blackboard, and wall mirror, access to instructional materials, and an allowance for expendable supplies. Lists of qualified clinicians

and speech and hearing centers registered by the Professional Services Board of the American Boards of Examiners in Speech Pathology and Audiology may be obtained from the American Speech and Hearing Association, 9030 Old Georgetown Road, Washington, D.C.

5. COMMUNITY RESOURCES. Head Start programs should make the fullest use of speech and hearing personnel in local clinics, centers, and agencies. Hospitals and child care centers, city health departments, university speech and hearing clinics, and public school facilities are good sources for information and advice. A telephone call to any one such agency will lead to other referral sources. Head Start directors should take advantage of the widespread general interest and concern for their program among many professional groups and community service organizations. Many local referral agencies have minimal or sliding-scale fees for services rendered through charitable organizations or to the poor. These facilities will differ from one community to another. The Head Start director should explore them all.

B. Clinical Hearing Services

1. HEARING EVALUATION. A hearing test should be administered routinely to every Head Start child by a person trained in the use of the audiometer. It should be administered in a room relatively free of noise, and with a carefully and recently calibrated instrument. A child is generally considered to have failed the screening test if he does not hear two or more tones in one or both ears at a level of 15 decibels (if the instrument is calibrated using ISO-1964 standards). Children who cannot learn to respond to the test properly or who give grossly inconsistent responses to sounds of any intensity, should be designated as "nontestable." A large proportion of young children who exhibit a hearing loss and who fail a hearing screening test have only temporary hearing impairment associated with a cold, infected tonsils, and similar problems. Children who fail the initial screening test or who are identified as nontestable should be retested after a few weeks before they are referred for further audiological examination or medical care. If a

child fails the second screening test, a thorough audiological evaluation should be made. The purpose of this diagnostic evaluation is to describe the type and degree of hearing loss in terms helpful in further medical treatment, or other educational programs. Qualified audiologists, using modern equipment, generally are able to obtain accurate hearing test results even on infants.

The hearing evaluation program should be started as early as possible in the Head Start program, preferably before classes begin to meet formally. Head Start officials may encourage school personnel to include a hearing screening test as part of the routine preschool interview which many school systems conduct the spring before students will enter school. Results of the preliminary hearing screening test should be recorded on the health form and be available to the physician at the time of his complete health evaluation.

2. HEARING REHABILITATION. Once the auditory problem has been identified and the necessary medical consultations completed, audiologists should outline a program which enables the child to make optimum use of his remaining hearing ability. Such a program may consist of the following activities:

a. Hearing Aid Evaluation. Procedures for determining the need for the selection of a hearing aid are described in the references.

b. Auditory Training and Speechreading. Auditory training and speechreading include teaching the child (1) to consciously watch facial expressions and lip movements, (2) to discriminate between different speech sounds, (3) to separate foreground from background environmental sounds, and (4) to use amplified sound.

Auditory training also includes speech instruction. Even though the sounds of speech are not heard, or are heard in a distorted fashion, they should become a part of the child's speech pattern and should be properly produced and maintained.

3. PERSONNEL FOR HEARING PROGRAM. Most school health programs and health departments have both testing equipment and personnel trained in its use. If equipment and personnel are not available locally, help may be obtained from (1) an audiologist in a neighboring community, (2) the local or state health or education department, (3) the state speech and hearing association, or (4) the American Speech and Hearing Association. It will usually be more economical for a Head Start program in a smaller community to obtain services from an audiologist in a nearby larger community than to purchase its own equipment and train its own personnel.

Personnel who perform hearing screening tests must have special training in the use of the equipment and an understanding of the various responses which children may make. Lists of certified audiologists and accredited speech and hearing centers may be obtained by writing to the American Speech and Hearing Association, 9030 Old Georgetown Road, Washington, D.C. 20014.

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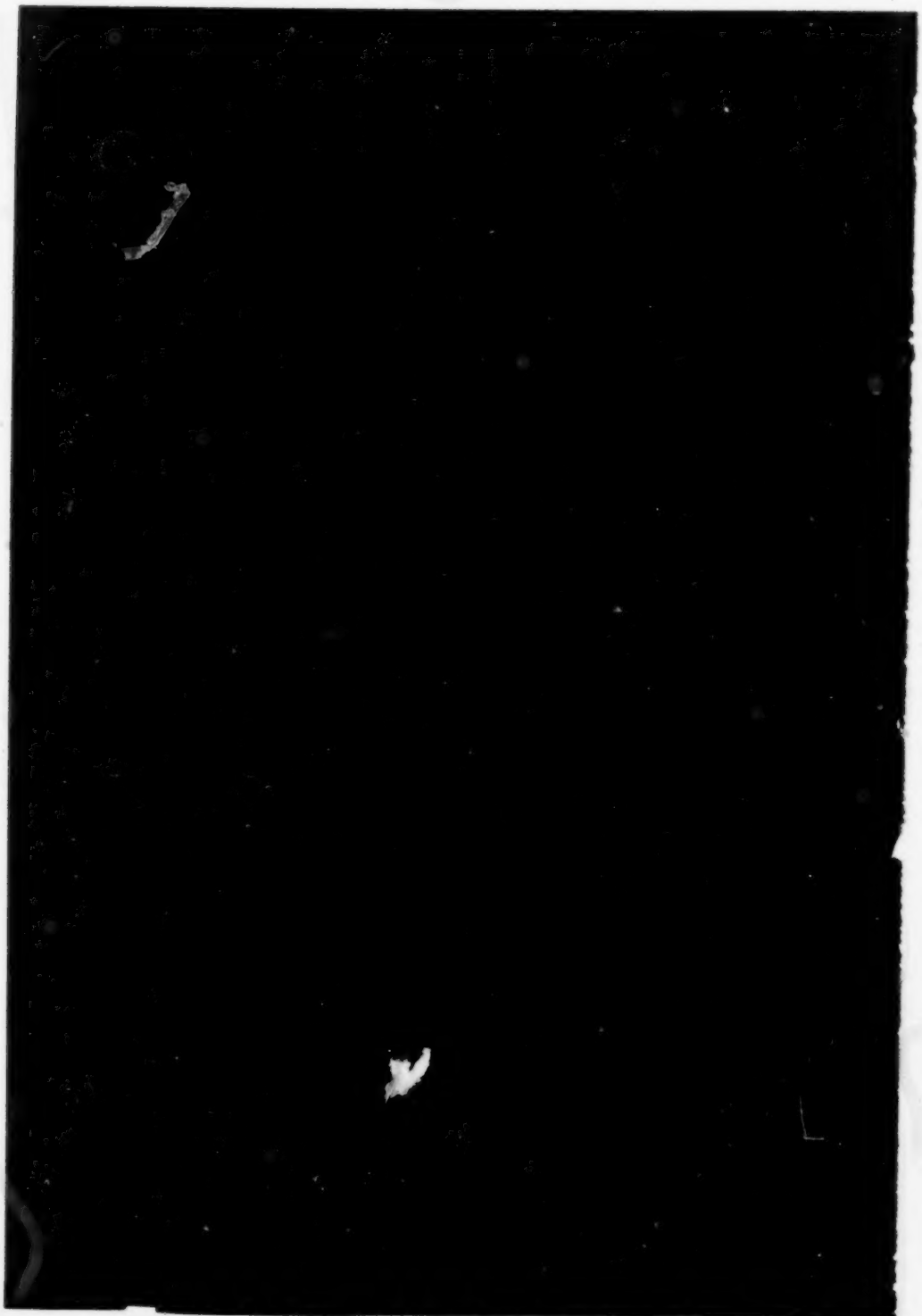

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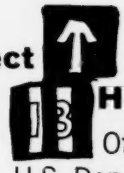

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